

reviews

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Some Voices

A Dragon Pictures production for British Screen/FilmFour

At selected cinemas nationwide

Rating: ★★★★★

The most important point to make about *Some Voices* is that it works as a film, and a technically accomplished one at that. Patients and health professionals will have little to complain about—its central character, Ray (Daniel Craig), has schizophrenia, but this is a sensitive film, and its appeal goes beyond any armchair diagnostics.

The film begins with Ray's release from the grim asylum. He is collected by his cafe-owning brother Pete (David Morrissey), who fixates on Ray's tablets rather than discussing his illness. As in every "psychiatry film," once we read the chlorpromazine label on the bottle, we know that non-compliance and relapse are bound to follow. This cliché

aside, the film is refreshing in its avoidance of the standard formulas. Gone are the psycho-killer, pathetic, or "crazy funny guy" stereotypes, and there is only one reference, from Pete, to the "pull yourself together" school of psychotherapy. There is no blaming, no mental illness as metaphor, no psychiatry bashing, and—although a romance lies at its core—there is none of the usual message that "love is better than tablets."

One of the film's strengths is its depiction of Ray's descent into perplexity and paranoia, with poorly formed auditory hallucinations, which he describes as his ghosts. The use of sound is particularly effective, and the film makers have made full use of the Dolby digital soundtrack. The film is full of colour and recurring symbolism. Its background is a busy, soulless London, where innocent street life feeds into Pete's frustrations and Ray's paranoia.

Both Craig and Morrissey give fine central performances. Craig plays Ray as complex and troubled, but believable at all times, while for most of the film Morrissey's angst as Ray's carer makes him the more symptomatic of the two brothers. Food is used as a motif to signal aspects of Ray's illness or his relationship to others. At one point, in Pete's cafe, Ray grinds his tablets on to customers' pizzas, explaining that the



ALEX BAILEY/FILMFOUR LTD

Daniel Craig as Ray, who has schizophrenia

pizzas are "just what the doctor ordered." In another scene, Pete uses frantic chopping and garnishing as a technique to woo waitress Mandy (Julie Graham), while a cookery lesson defines the brothers' maturing relationship. Kelly MacDonald is impressive as Laura, the object of Ray's affection. Their relationship builds slowly, and her trust in Ray, who has not told her he has been ill, never seems misplaced. As such, the film serves as an antidote to the 1998 saccharine movie *Shine*, in which the central character's history was rewritten to portray him as rescued by love.

Some Voices is a welcome, thoughtful, and engaging film—at last, a film that rises above the usual dross of mental illness movies.

Peter Byrne senior lecturer in psychiatry,
University of Kent at Canterbury

Me, Myself & Irene

20th Century Fox

Directed by Bobby and Peter Farrelly

On worldwide general release; opened in the United Kingdom 22 September

Rating: 0

The premise of *Me, Myself & Irene* must have seemed irresistibly clever to the film's producers and a natural for the chameleon comic Jim Carrey. A mentally ill motorcycle cop with a "split" personality—one sweetly passive, the other violently aggressive—ends up running from the law to save a pretty blonde from gangsters, while his dual selves battle each other for her affections along the way.

Carrey's character, Charlie Baileygates, is diagnosed with "advanced delusory schizophrenia with involuntary narcissistic rage," supposedly brought on by suppressing his anger at being dumped by his wife and being laughed at by the townspeople.

One day Charlie simply snaps, changing into the menacing Hank, who defecates on a neighbour's lawn, suckles a breastfeeding woman, terrorises a little girl, and insults and punches nearly everyone he encounters.

Some US audiences enjoyed the joke (the film grossed \$90m (£64m) over the summer), but mental health professionals and patients did not see the humour. Advocate groups, such as the National Alliance for the Mentally Ill, have written letters of protest to 20th Century Fox, complaining that the film makes fun of and perpetuates ugly stigmas about mental illness. The writer-directors, who also gave the world *Dumb and Dumber*, did not seem to see what the fuss was about. It's only a movie—it's only a bit of fun, they argued.

Britain's two largest mental health charities, Mind and the National Schizophrenia Fellowship, have joined with the Royal College of Psychiatrists, to protest against the film. In their joint press release they say that the film considers schizophrenia, its symptoms, and treatments as a joke.

The charities and the college are not calling for a ban but will be handing out

leaflets at 300 cinemas and have demanded that the film be given an "18" certificate. The behaviour portrayed in the film, they argue, has nothing whatever to do with schizophrenia.

They also point out that people affected by schizophrenia don't switch from "gentle to mental," as the billboard advertisements say, but are more often withdrawn. In fact, "split personality" is a totally different condition, a dissociative disorder rather than a psychotic illness.

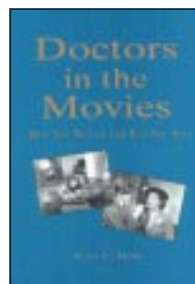
Me, Myself & Irene is not terribly funny, and it is one more example of how people with mental illness are stigmatised by the media. Charlie/Hank is portrayed as violent, dangerous, and unfit to hold a responsible job. The film perpetuates harmful myths about mental illness. Charlie's illness is blamed on his personal weakness, and he is "cured" not by medication or therapy, but by his own will power and the love of a good woman. Would anyone ever expect a person with diabetes, or any other chronic illness, to overcome their condition by willpower?

Rita Baron-Faust health journalist, New York

Ratings are on a 4 star scale, 4=excellent

Doctors in the Movies: Boil the Water and Just Say Aah

Peter E Dans



Medi-Ed Press, £23.08,
pp 408
ISBN 0 936741 14 7

Rating: ★★★★★

If you're honest, can you say you've never wanted to be Harrison Ford, Sean Connery, or Michael Douglas (older readers can substitute Clark Gable or Errol Flynn)? Or how about one of the Grants, Hugh and Cary? Because they've all wanted to be you, at least transitorily; cinema icons to a man [women readers, your day will come], they've acted as medics in movies. It indicates the commercial mileage in medicine that the film industry has long recognised and the star power that has fuelled popular myth making about doctors over the years.

Peter Dans is an internist at Johns Hopkins University with a longstanding passion for movies, especially doctor movies. He's written a regular column about them for a US medical journal, and his book begins the sizeable task of considering the whys and wherefores of this underexplored genre.

Dans picks out themes such as "Hollywood Goes to Medical School" and "The Kindly Saviour" and looks at selected films as

case studies, prefacing each chapter with observations about the topic in question. He makes trenchant points about the portrayal of female and black doctors—note their absence from the opening list—in chapters that inevitably raise as many questions as they answer. The book is laced with a worldliness that prevents it from drifting into self reference—in one nicely turned sentence Dans observes that "A generation that hardly knew serious illness came to see good health as a right rather than a fragile blessing."

Dans confines his considerations to storylines, explicitly renouncing any aspirations to film studies-style academia. While this policy will probably suit most readers, it may leave others hankering for a little more cinematographic commentary. The book works within its own terms, however, because Dans's lively prose brings the films to life.

Are any of them actually good? Well, "good" is, of course, a problematic adjective; though it is true that a discerning audience with no special interest might be unimpressed with most of them, Dans shows that there are many honourable exceptions.

The book itself is a delightful companion, a kind of bespoke *Halliwel's Film Guide* for anyone with even a slight curiosity about doctors on the big screen. And for those with a formal interest in the burgeoning field of medical humanities, it will be an invaluable resource—for example, when investigating professional identity. It certainly passes the surest test of any cinema book—it makes you want to see more films.

Brian Glasser *honorary lecturer, Department of Primary Care and Population Sciences, Royal Free and University College Medical School, London*



WEBSITE OF THE WEEK

Public inquiries It was Socrates (via Plato) who said that the unexamined life was not worth living; inquiries seem to have been popular ever since. This week the *BMJ* takes another look at the Griffiths inquiry into the trial of neonatal ventilation in North Staffordshire and suggests that inquiries may be as flawed as the processes they are set up to investigate allegedly might be.

It seems there are inquiries, and there are inquiries. At Bristol, phase 1 of the inquiry into paediatric cardiac surgery deaths lasted 99 days, generating massive reams of text and documents, all of which are freely available on the web (www.bristol-inquiry.org.uk/Transcripts/trans.htm). The Griffiths inquiry seems to have been a smaller scale affair: Its report is available as a 59 page 128 kb PDF (www.doh.gov.uk/wmro/northstaffs.htm). Its raw grist is not available, though the document summarises the evidence of key witnesses.

This is a pity. One of the strengths of the Bristol inquiry is the rich analysis that is possible from a verbatim transcript. On day 44, page 49, line 4 of the Bristol inquiry, for example, we hear how Erica Pottage, the mother of one of the babies who died, was accommodated in a drab Portakabin as her child waited for surgery. Such "irrelevant" detail not only increases the humanity of her story but gives the reader the impression of the depth and detail of the inquiry, as well shaming the estates manager concerned.

Unrefined transcripts could pose the problem of information overload, but competent implementation of indexing and search facilities should go a long way to negate this and ensure maximum transparency in all our processes.

Douglas Carnall
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BOOKCASE

● Research ethics committees have attracted a good deal of criticism recently. Investigators trying to set up a multicentre study often find that the demands of individual committees are hard to reconcile. One committee may require that more information about the study should be given to participants, whereas another advises that they are likely to be confused by being told too much. But the issues that an ethics committee must consider are frequently difficult. And views about whether a placebo arm in a drug trial is justified, whether the approach to potential subjects breaches confidentiality, or whether the risk of a dose of ionising radiation is negligibly small may legitimately differ. Trevor Smith has written a thoughtful book (**Ethics in Medical Research: A Handbook of Good Practice**, Cambridge University Press, £29.95, ISBN 0 521 62619 6) aimed at both researchers and members of ethics committees.

● Disorders of motor control are common and not necessarily either permanent or pathological. Most of us have heard (or supplied) the quavering vocal tremor that betrays a nervous lecturer. But many disorders, of course, are more serious. And they can be hard even for experienced neurologists to diagnose correctly. **Movement Disorders in Clinical Practice** (Isis Medical, £85.00, ISBN 1 899066 60 8) may help. Guy Sawle, its editor, realising the limitations of photographs and line drawings in illustrating his subject, has compiled an anthology of abnormal movements and gaits on an accompanying CD Rom.

● In the late winter and early spring of 1692 the inhabitants of Salem Village, Massachusetts, began to suffer from strange physical and mental maladies. Historians and sociologists have construed the subsequent witch hunts in various ways, and Arthur Miller famously dramatised the episode as a metaphor for McCarthyism. Laurie Winn Carlson now offers an organic explanation. In **A Fever in Salem. A New Interpretation of the New England Witch Trials** (Ivan R Dee, £17.99, ISBN 1 56663 253 6) she argues that the bizarre patterns of behaviour that affected the community were due to an epidemic of von Economo's encephalitis.

● **Medicine in Quotations: Views of Health and Disease Through the Ages** (E J Huth and T J Murray, eds, BMJ Books, \$49.00, ISBN 0 943126 83 5) is fun to dip into even if the best quotes don't seem to have come from doctors. I liked this one by Michael Ignatieff: "What America needs is a little bit of irony, a capacity to see that they are making themselves ill with the frantic pursuit of health."

Christopher Martyn *BMJ*
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See p 722

HIV misinformation

If you telephone the San Francisco office of the HIV campaign group ACT UP, the AIDS Coalition to Unleash Power, an answerphone message announces two surprising "facts." Firstly, "HIV cannot possibly cause AIDS." Secondly, "AIDS drugs are poison." The San Francisco group, joined by branches in west Hollywood, Toronto, and Atlanta, is on a crusade to challenge what it sees as the medical establishment's intellectual stranglehold on the AIDS community.

The crusade took on a high profile recently with a flurry of media interest in the author Christine Maggiore. *Newsweek* called her "The HIV disbeliever." In her book, *What if everything you knew about AIDS was wrong?*, she explains that HIV tests are unreliable, that pregnant women who are HIV positive cannot transmit the virus to their babies, and that AIDS is not a global health problem. Maggiore was one of the "HIV dissenters" invited to meet the South African president Thabo Mbeki at this year's Thirteenth International AIDS Conference in Durban. ACT UP San Francisco recently took up her cause, inviting her to a public meeting to discuss "the truth" about AIDS in Africa.

This was no ordinary meeting. Outside the hall, activists wandered around in T-shirts that declared "WARNING! This area is being patrolled by ACT UP." They handed out leaflets saying, "Don't Buy the HIV Lie." The group is famous for its direct action activities, and wherever it goes there is always the feeling that something unsettling is about to happen.

Maggiore proved to be an eloquent and calm spokesperson. While her views may be extreme, and often untenable, she does not

come across as an extremist when she recounts her own experiences. She explained that in 1992 doctors told her that she was HIV positive. She had another test that was indeterminate, then a negative test, and finally another positive test. This uncertainty led her to question the scientific knowledge about the virus and the disease, and she went on to set up Alive & Well AIDS Alternatives, a non-profit organisation "founded by HIV positives who have learnt to live in wellness without AIDS drugs and without fear of AIDS." Her personal choice is perhaps understandable, if not unconventional.

But when she started to talk about Africa her beliefs began to sound increasingly bizarre. HIV disease is not a problem in Africa, she explained, and the figures for the number of infected people are simply false. The sick and dying people she saw in the hospitals could not have had AIDS. "Poverty," she said, "malnutrition, and lack of access to basic medical care were causing the devastation and disease."

At this point, Maggiore's partner, a film director, showed the audience a film he made when he accompanied her to Durban. We hear a South African journalist saying, "I'm scared for Africa and where it might go. The only hope is Thabo Mbeki." We see a young HIV positive man who has stopped all of his antiretroviral medication. "I don't have fear," he says, "fear is a terrible emotion."

It is hard to make sense of all this HIV disbelief, but these two voices in the film give some clues. AIDS has been a catastrophic illness, decimating the gay communities in San Francisco and Sydney and now ravaging the developing world. The United Nations estimates that one in two teenagers in Africa will go on to develop the disease. How is it possible to deal with this appalling phenomenon? Perhaps by denying that there is a problem at all. The Boston college psychology professor, Joseph Tecce, who has studied AIDS dissenters, told *Newsweek*: "The basis of denial is a need to escape something that is terribly uncomfortable. If something is horrific, I might want to pretend it doesn't exist."

At the end of the meeting, Maggiore took questions from the audience, and the atmosphere turned confrontational. One man screamed at her to "read Medline" for the wealth of evidence about HIV and its treatment. Another explained that his HIV positive friends had responded well to combination treatment and that they had no intention of throwing away their drugs.

The international scientific and medical community has made it clear what it thinks of dissidents like Maggiore. Over 5000 scientists have now signed the "Durban Declaration" (on www.durbandeclaration.org), which states: "The evidence that AIDS is caused by HIV-1 or HIV-2 is clear cut, exhaustive, and unambiguous. This evidence meets the highest standards of science." The signatories say, "It is unfortunate that a few vocal people continue to deny the evidence. This position will cost countless lives."

Other HIV activists in the United States and the developing world, including the Nobel prize winners Médecins sans Frontières, are similarly outraged by the dissidents. These activists are campaigning for the fundamental right of people in poor countries to have access to HIV medicines. When Maggiore says that poverty is killing Africa, this, they believe, is only a half truth. Lack of medicines is equally as deadly. The activists publicised their anger at a rally in Durban, carrying placards that read, "One dissenter, one bullet."

The four rebel ACT UP groups want people to re-examine the orthodox view of AIDS. But if this leads to people abandoning safe sex, have they really done the world a service? There has been a recent rise in the number of new HIV cases in San Francisco, so people cannot afford to be complacent. Maggiore's mantra, spoken over and over at the ACT UP meeting, is that "you have a choice" in whether to take treatment. Perhaps she should tell that to the 24 million people living with HIV and AIDS in sub-Saharan Africa.

Gavin Yamey deputy editor, WJM

PERSONAL VIEW

Insight alone was not enough

Three years ago the General Medical Council (GMC) suspended me from the medical register for one year for the emotional abuse of a therapeutic relationship with a 17 year old man. The original charge had included the words "and sexual," but this was dropped.

My mistake was to think that insight alone was enough, and that my job satisfaction could be based on the special understanding that I felt I had with each patient—an understanding of his or her problem, illness, personality, or own view on life. The majority of my patients collaborated eagerly with this approach, but I suspect that those who did not found me extremely irritating.

Although I paid lip service to discussion and audit, my real feelings on talking about one of my patients with a peer or senior colleague were those of resentment at the intrusion, and my contempt for the restrictions on time that I could give to patients because of the funding limitations knew no bounds.

I paid no attention to the fact that my colleagues were subject to the same restrictions, nor how they coped with them, nor that they might have been able to help me to do so. I simply regarded them as being

The pressures, however, were there, and in my secluded mental state it was inevitable that they would build up to a point where something had to give. In the event a particular patient turned up who had, or seemed to have, so much in common with parts of myself that had long lain dormant that my feelings became too special and led me to fail to judge where the boundaries of professional behaviour lay.

I was referred to the GMC's health committee on the grounds that my fitness to practise might be seriously impaired by a mental condition. The health committee only has powers over a doctor who is actually in practice at the time, and it met to discuss my case a year later, the next working day after my period of suspension automatically expired.

If you would like to submit a personal view please send no more than 850 words to the Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR or email editor@bmj.com

The committee confirmed my unfitness to practise and extended my suspension on health grounds for a further year and on review for another 12 months. I have now been restored to the register with substantial conditions and a further review after eight months.

I wish that the health committee had been empowered at the time of my initial suspension

The health committee's process of assessment, review, supervision, and treatment forced me to confront things about myself that were essential to continuing good medical practice. The most important was that I had not paid attention to the consensus on what is acceptable and ethical as professional behaviour and that doctors who risk censure put not only their own reputation on the line but also, by association, that of the whole profession. This in turn may damage the need of patients to be able to trust their doctors.

Lacking insight as I did during the initial year of disciplinary suspension, I behaved extremely destructively towards my family. Believing myself to have been unjustly treated, I drank heavily, spent life savings, developed overinflated ideas of my own abilities, was unreasonable and prone to volcanic outbursts of anger, and blamed everyone but myself—especially my wife—for my own failing.

Only when the containing and guiding influence of the health committee came into operation did the procedures begin which have, I hope, brought me to my senses, or are in the process of doing so. And the consensus has been that I was indeed unwell at the time of my transgression.

In retrospect I wish that the health committee had been empowered at the time of my initial suspension. I believe that my rehabilitation could have been achieved with less destruction to myself and others. My testimonials suggest that I was a committed and effective psychiatrist, and if things had been different I might not have been prevented from practising for such a long time.

It may be that because of its procedures the GMC had no choice in the matter, but if that is so I suggest that the procedures should be re-examined.

Michael Riddall

SOUNDINGS

Private views

We are human and frail, so we understand human frailty. In the same way we can truly comprehend illness only when we have been ill ourselves; intellectual knowledge is no substitute for bitter experience.

A few years ago I had a colonoscopy. The procedure itself was no problem and even the mandatory anal catharsis was passable, almost a pleasant diversion, like a walk in the country (albeit the country of the very weird). Thomas More, in his *Utopia*, described defaecation as being one of the primary physical pleasures, though I reckon such an extreme expression of this activity was not quite what he had in mind. However, despite these pleasant memories, drinking three litres of laxative the night before was an ordeal every doctor should himself endure before inflicting it on others. The advice leaflet recommended that the solution be chilled, but trust me, ice cold glop tastes just as bad as lukewarm glop.

The experience has left me with an unpalatable aftertaste, but, on the upside, the gastroenterologist generously sent me some lovely pictures of my colon. Call me Narcissus, but the portfolio is as soft focused as a South Sea sunset; romantic, roseate, like a Martian cavern with disco lights, a hint of mystery behind every nook and crevice, the kind of place you could come round a corner and suddenly encounter Humphrey Bogart and Peter Lorre engaged in furtive conversation.

Not that there are any crevices, for the mucosal surface is as slick and smooth and admirable as a New Labour spin doctor; the walls not too mucousy, not too dry, just pleasantly moist. If my colon were a footballer, Barcelona and Juventus would be begging for my signature. I'd be a superstar, perhaps release an autobiography, a CD, write a best selling novel (if Jeffrey Archer can do it, why not my colon?), then the tabloids would be on my trail, perhaps exposing an illicit lavage, some compromising pictures of my colon in bed with Liz Hurley, then I'd be ruined; perhaps I'm taking this analogy too far.

So attractive though the pictures were, I don't boast about them nor show them off to my friends; there are some things a man just has to keep to himself, parts of the body too private and personal for public display, parts of the body even the most enthusiastic and uninhibited nudist would feel uncomfortable about advertising. My colon and I must remain undiscovered.

Liam Farrell *general practitioner, Crossmaglen, County Armagh*